

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
Statement on separate docushare
document

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CLAIMANT'S NAME William Douglas Hoffner				SSAN OR EMPLOYEE NUMBER*		DEPARTMENT Labor & Workforce Development Ag					
POSITION		BARGAINING UNIT		DIVISION OR BUREAU Office of the Secretary			EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE E 25				
RESIDENCE ADDRESS*				HEADQUARTERS ADDRESS 801 K Street, Suite 2101			TELEPHONE NUMBER 916-327-9064				
CITY		STATE CA		ZIP CODE		CITY		STATE CA		ZIP CODE 95814	

(1) MONTH/YEAR 02/2010	(2)	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) (A) COST OF TRANS	(B) TYPE USED	(8) TRANSPORTATION		(9) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
				BREAKFAST	LUNCH	O.T., LT, RELO or DINNER				(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE Miles Amount			
5	1030 1330	Sac-McClellan-Sac							PC		25.5	\$12.750		12.750
25	930 1300	Sac-Mather-Sac							PC		28.8	\$14.410		14.410
(10) SUBTOTALS											54.3	\$27.160		\$27.16
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$27.16	

(11) PURPOSE OF TRIP: REMARKS AND DETAILS (Attach receipts/vouchers when required)	(11A) Summary						(12) NORMAL WORK HOURS
	Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Activity Code	For Fiscal Use Only	
	2/4 McClellan Business Park for N Solar, Inc. event.						
	2/25 CalEMA office for satellite phone training						
							(13) PRIVATE VEHICLE LICENSE
							(14) MILEAGE RATE CLAIMED \$0.500
							AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.							

CLAIMANT	DATE 3/6/10	(16) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)	DATE 3-4-10
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